



Water and Sewer Department
3071 SW 38 Avenue - Room 247
Miami, FL 33146-1520

Office: 305-665-7477
Fax: 786-552-8763
Email: WASD_CUSTRELATIONS@miamidade.gov

UNDERGROUND / CONCEALED LEAK ADJUSTMENT REQUEST

CUSTOMER INFORMATION			
Name on Account		Account Number	
Mailing Address		Telephone Number Work	
		Home	
		Cellular	
Mailing Address <small>City, State Zip Code</small>		Email Address	
Service Address			

REPAIR INFORMATION			
Repairs Completed By		Date of Repair	
Plumber's License Number <small>Example: License # CFC 010101 if applicable</small>		Type of License <small>if applicable</small>	<input type="checkbox"/> State of Florida <input type="checkbox"/> Miami-Dade County
Description of Repair <small>Include exact type & location of repair attach a separate sheet of paper if additional space is necessary</small>			

PAYMENT INFORMATION			
Payment Method	<input type="checkbox"/> Attached check <input type="checkbox"/> Payment made separately <input type="checkbox"/> Online payment http://www.miamidade.gov/wasd/pay-bill.asp <input type="checkbox"/> Check payment via telephone 1-877-565-9300 <input type="checkbox"/> Credit Card payment via telephone 1-877-729-5590	Confirmation Number <small>For Online or Telephone Payment</small>	
		Payment Date	
		Payment Amount	

I understand I can be considered for a concealed leak credit if all leakage has been corrected, consumption has decreased and an inspection by the Miami-Dade Water and Sewer Department has been completed. I also accept the \$30 service charge if the repairs require an inspection and agree to pay this charge even if my request for a concealed leak adjustment is denied.

Customer's Signature		Date	
-----------------------------	--	-------------	--

I wish to be considered for one lifetime concealed leak adjustment of 100% if the consumption rate exceeds six (6) times the average quarterly consumption based on the past year's consumption.

Customer's Signature		Date	
-----------------------------	--	-------------	--

REQUIREMENTS

1. The above form must be completed and signed within 30 days after notification by the Department to the customer that a possible plumbing problem may exist.
2. Attach copies of repair bill(s) and/or a letter from the company or person(s) completing the repairs.
3. All prior balances must be paid.
4. Submit payment of 40% of current charges or verify your account is paid in full.
5. Before covering, repairs must be inspected by the Department. Enclose photographs prior to covering if the repair is in a hazardous traffic area.

WAYS TO SUBMIT

MAIL: Water and Sewer Department
3071 SW 38 Avenue - Room 247
Miami, FL 33146-1520

FAX: 786-552-8763

EMAIL: WASD_CUSTRELATIONS@miamidade.gov

IMPORTANT INFORMATION

- Possible access to your property will be needed depending on the location of the repair.
- No credits are issued due to leaks caused by a third party.
- If the customer is billed on a monthly basis, adjustments shall not be made for water loss for any leaks occurring on the customer's plumbing.
- If repairs have not been completed, you will not receive an adjustment to your account.
- An underground / concealed leak adjustment request may take up to 60 days for completion.
- The Department will notify you regarding any discrepancies with this adjustment request.